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ABSTRACT

In recent history psychologists have been indispensable in the schools due to federal and state legislative and regulatory mandates. These mandates have reserved a place for school psychologists, primarily in assessment and the provision of related services to identified children. As these federal and reflective state legislative mandates evolve and transform, and thus affect the security of the delivery of psychological services within the parameters of these mandates, school psychologists need to position themselves to be prepared for shifts in mandated services. In addition, school psychologists need to be instrumental in the movement to develop and implement alternative psychological service delivery systems. Psychologists need to educate decision makers about (1) the importance of providing for children's developing competence, and (2) the ability of psychologists to assist in promoting children's educational attainment, physical health, and mental health. Two overlapping routes for school psychologists and other psychologists to become indispensable in the schools are: (1) responding to mandated roles and functions; and (2) responding to innovative, non-mandated roles and functions. Being indispensable will be tied to demonstrable outcomes that have meaning in the local school district and are cost effective. (JBJ)

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*Chapter Seventeen*

# Psychologists in the Schools: Routes to Becoming Indispensable

**Deborah J. Tharinger**

The task for this essay was to address how to make psychologists in the schools indispensable; focusing on critical issues and emerging perspectives. I enjoyed thinking about this important challenge. In recent history (the past 30 years), psychologists have been indispensable in the schools due to federal and state legislative and regulatory mandates, that is, school psychologists have been required for specific roles and functions in the identification and provision of psychological services to children and adolescents with disabilities. These mandates have reserved a place for school psychologists, primarily in assessment and the provision of related services to identified children. As these federal and reflective state legislative mandates evolve and transform, and thus affect the security of the delivery of psychological services within the parameters of these mandates, school psychologists need to position themselves to be prepared for shifts in mandated services. In addition, school psychologists need to be instrumental in the movement to develop and implement alternative psychological service delivery systems. These include comprehensive and coordinated health, mental health, and social services in schools (being referred to by some as full service schools) that are being implemented on an experimental basis throughout the country in individual schools, districts, and whole states. Psychologists and school psychologists have been fairly absent from this innovative movement, and need to be informed and prepared to market themselves and compete to play apart.

In this essay I suggest two overlapping routes for school psychologists and psychologists to become indispensable in the schools. My thinking has been influenced by my work with colleagues in school psychology and professional psychology, both nationally and at the state level, through my membership on the APA Board of Professional Affairs, the Advisory Group to the Psychology in the Schools Program in the APA Practice Directorate, the Division 16 Executive Committee, the APA Interdirectorate Task Force on Psychological Principles and Educational Reform, the APA Working Group on Schools as Health Service Delivery Sites, the APA Working Group on Developing Training Guidelines for Psychologists to Provide Services to Children and Adolescents with Mental Disorders and their Families, the APA/NASP Interorganizational Committee, and the Texas Senate Education Committee—School Psychology Task Force. I would like to thank all of my colleagues on these groups, as well as my colleagues at the University of Texas, for the exciting and challenging discussions we have had, especially over the past



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five years, that have involved the evolution of school psychology and psychology in the schools.

### Getting in the Door and Becoming Indispensable

I assert that to be indispensable in an occupational category, there must be an established need for the services and skills a person within the category has to offer. Along with the recognition of need, a source of funding must be available to pay for the skills and services the person has to offer. These two features get a person in the door. To remain indispensable as an individual (that is, to not be replaced by someone else), one's competence needs to continue to develop and needs to be recognized, acknowledged, and valued, which usually implies that a person is utilized in such a way that the person's competence and effectiveness are fostered and evolve. Lastly, to remain indispensable the person needs to be affordable in relation to their competence and demonstrated effectiveness.

In Figure 1, I have proposed a model, depicted as a flow chart, that demonstrates two major routes for psychologists in the schools to become indispensable. The first route, depicted on the left-hand side of Figure 1, represents working in roles and functions that are mandated by federal and state statute. The second route, illustrated on the right-hand side of Figure 1, represents working in roles and functions that are not mandated, but have been requested in terms of meeting identified needs. In actuality, it is likely that some psychologists in the schools are participating in both routes, that is, some of the services they deliver are mandated and others are not. For the former, the funding and role parameters may be firm, whereas with the later, the funding and role parameters are ever shifting and evolving.

Both routes assume that the need for the person's services and skills has been acknowledged and that competence has been obtained by the professional. It is well documented that children's educational, mental health, and health needs have been substantially and consistently unmet over the past century. The majority of children with learning difficulties, with neurological deficits that seriously impact learning and behavior, with emotional and behavioral disorders that interfere with learningand development, and with physical illnesses that have psychological components have not had their needs adequately and consistently met through the combined educational, mental health, and health systems in this country. The need for educational and psychological interventions to assist in addressing these needs has been firmly documented and demonstrated, as has the efficacy of many interventions.

Even though the need has been established and the lack of effective response has been noted, there has been an ongoing failure to address these concerns. This implies a lack of valuing of children's developmental competence, and perhaps a set of biases against persons who struggle economically, educationally, and in terms of their health and mental health. Psychologists need to educate decision makers about (a) the importance of providing for children's developing competence, and when it is lacking, to intervene early, and (b) the ability of psychologists to assist in promoting children's educational attainment, health, and mental health.

The means to obtain initial competence as a psychologist in the schools rests with university education and training programs at the specialist and doctoral levels, including the quality, breadth and depth of practicum and internship experiences, and, depending on the licensing and certification requirements in a given state, the quality of the post doctoral experience. There are two recognized levels of training within the field of school psychology that should be able to be compatible and support each other. Each has its own strengths and limitations, and the combination is stronger than the individual parts.

As my experience is with the education and training of doctoral students, I advocate for education and training models at the doctoral level that embrace and integrate the knowledge and research bases of school psychology, developmental psychology, developmental psychopathology, educational psychology, clinical psychology, health psychology, family psychology, multicultural psychology, community psychology, and organizational psychology. I also encourage professional psychology training programs in doctoral school, child clinical, and pediatric psychology to work together to examine their similarities in training and practice and their needs for advocacy.

With need demonstrated and competence firmly in place, it is useful to examine the parameters of the two routes I propose for becoming indispensable. Although the two are depicted as overlapping and yet distinct, it is likely in practice that some psychologists in the schools are simultaneously pursuing both routes.

*Route 1: Responding to Mandated Roles and Functions.* A model where the roles and functions of psychologists in the schools are mandated by federal legislation that has been further interpreted within state law and regulation is depicted on the left side of Figure 1. Funding has typically been appropriated by federal and state sources, and augmented by local funding. The particular job titles are usually well protected within state regulation. Thus, a person with the appropriate title and areas of desired competence applies for the job and competes with other persons who meet the required credentialing or licensing requirement.

Having secured the position, to become indispensable the person needs to demonstrate his or her competence and become valued for it. (This also applies in Route 2). Furthermore, flexibility and collaborative features must be demonstrated and recognized. If there is one rule currently in the field of educational, mental health, and health service delivery it is that much is changing and that there is a call for flexible collaboration among professionals within the educational system and other systems that serve children, as well as with parents and families. Furthermore, as the person settles into the job and the system and comes to understand the community and its needs, policies and politics, expanded competence is sought. Typically expanded competence is sought through additional training, continuing education, supervision, and consultation (again, this also applies in Route 2). Over time, within Route 1, the mandated service delivery system evolves and changes, as do the services provided and the sense of to whom and how services are provided.

New legislation or new interpretations may result that alter the service delivery system and the roles and functions of personnel within the system. It is essential within this route to be alert for proposed changes in legislation that may not be protective of psychologists in schools and to effectively lobby to protect or effectively alter the mandated roles and functions. Attendance to legislation on the state and national levels that may affect educational and health reform is essential. Finally, to remain indispensable, it is necessary to demonstrate effective outcomes; which in this route would primarily be enhanced educational attainment of the students. Lastly, cost effectiveness needs to be demonstrated.

*Route 2: Responding to Innovative, Non-Mandated Roles and Functions.* Psychologists who seek to become indispensable in non-mandated roles and functions have many of the same challenges as those in mandated roles and functions. In addition, they have to attend to competing in a less secure and probably more competitive marketplace (see Figure 1, right-hand side). The emerging service delivery models are attempting to be responsive to the educational, health, and mental health needs of all children. The emphasis on all children, and not just children with identified disabilities, has suggested the need

for enhanced competence for school psychologists in many areas, including prevention and health promotion programs designed to decrease the incidence and impact of student drop out rates, violence, substance abuse, and depression/suicide. Additional expertise also may be required in the areas of developmental psychopathology, differential diagnosis, family intervention, neuropsychological assessment, diversity, health psychology (i.e., psychological aspects of physical illnesses), and psychopharmacology. University programs must be prepared to educate and train their graduate students in these comprehensive areas. Current practitioners who want to be competitive within this marketplace will need to expand their scope of practice.

These emerging, but non-mandated service delivery models or programs vary in design and funding sources. They may focus on bringing extensive health services to a school, or they may be designed to provide comprehensive educational, health, mental health and social services to children, their families, and the surrounding community. They may be comprised of a loose patchwork of partnerships with community agencies, businesses and corporations, universities and colleges, and city services, or a single partnership. The funding may be provided by a combination of local foundation money, funds appropriated by the state for special programs, state or federal grant monies, and city government monies. The monies may be secure or soft and variable. Psychologists within these models need to position themselves to qualify for reimbursement opportunities that may be available for providing health services, for example, through third party payment and Medicaid (this can also apply to providers in Route 1).

The job possibilities within these models vary greatly and are often open to competition among different types of providers. For example, a job providing mental health services could be open to an individual with education and training in social work, psychiatric nursing, psychology, or counseling. No license or credential may be required, or the job opportunity may be open to a variety of different professional credentials or licenses. Also, within such a competitive market, salaries may be lower than would be desired or typical in another, less competitive marketplace. It also may be that psychology professionals with different levels of education and training, and thus different credentials or licenses, may be more or less competitive for and more or less interested in different positions. To be successful in this market within the schools, school psychologists must be aware of the opportunities, must market themselves well, and must be competitive (and then collaborative) with their colleagues from different but related disciplines.

Persons trained in school psychology are often not very experienced at marketing themselves. It is important to acknowledge the depth and breadth of training that many school psychologists have and the extensive knowledge base, skills, and experiences they have to offer. Many school psychologists are well grounded in theory and empiricism, research and evaluation, psychological assessment, methods of direct and indirect intervention with individuals, groups, and systems, and are often trained to deliver prevention and health promotion programs. To educate the public and potential employers about their extensive competencies, school psychologists need to advocate for public relations campaigns at the district, local, state, and national level.

For practitioners in non-mandated roles and functions to be deemed indispensable, their competence must be demonstrated and valued, as discussed in Route 1 and depicted in Figure 1, and their flexibility and collaborative capabilities must be demonstrated as well. Expanded competencies are needed, as discussed above. Psychologists working in these emerging models need to be well prepared to work in the trenches, which in many/most schools includes addressing issues of

violence, child abuse, alcohol and drug abuse, unmet basic needs, and often a serious paucity of resources, both financial and psychological. Furthermore, psychologists in the emerging models (as well as those performing mandated services) need to be multilingual in the professional sense; that is, they need to be able to speak and translate the languages of classroom-based educators, administrators, mental health professionals, health professionals, social service professionals, and the local language of parents, children, and adolescents. In addition, psychologists taking either Route 1 or Route 2 need to be multicultural, in the sense of helping to create and respond to school communities and school climates that reflect the diversity of the school population and the surrounding community.

Psychologists working in new and emerging non-mandated models have the opportunity to be involved in implementing a variety of innovative services, as there are typically less restrictions than in mandated models. This can include expanded services and intensive service integration, as well as expanded recipients of the services. For example, in an innovative model, psychological services might be made available to the teaching staff of a school, or to the preschool siblings of the children in an elementary school.

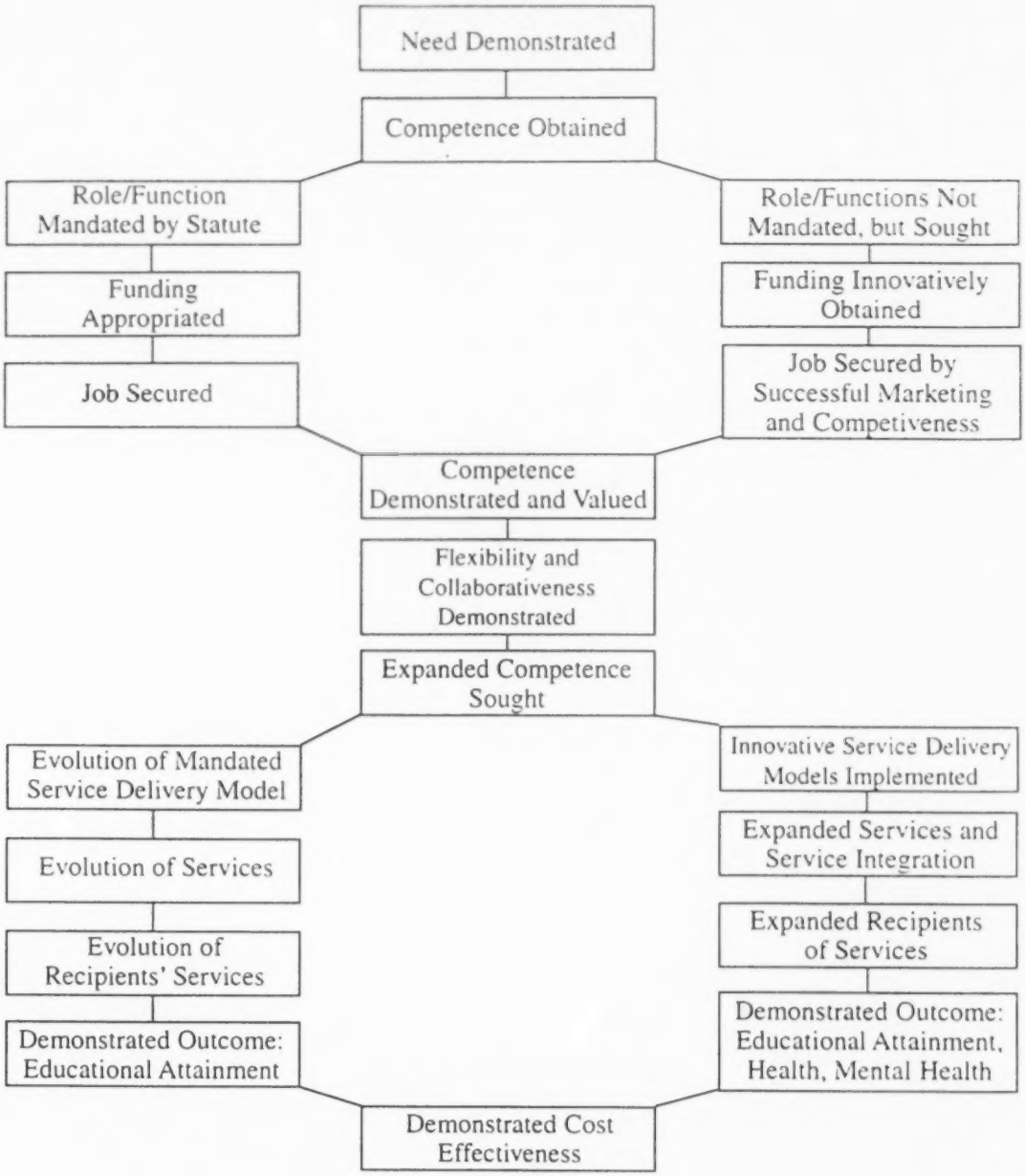
Demonstrating improved outcomes is extremely important in new and emerging models that compete for pieces of the small funding pie. Outcomes such as increased educational attainment, decreased school violence, enhanced physical health, and enhanced mental health would be likely targets for evaluation. Being indispensable will be tied to demonstrable outcomes that have meaning in the local school and district. Psychologists with skills at program evaluation will be invaluable to this part of the effort. Lastly, as part of the evaluation, as discussed under Route 1, cost effectiveness for psychological services will have to be demonstrated to be indispensable, and often to maintain funding or attract new funding. Thus, the services provided need to be shown to make a difference at a reasonable cost.

### Summary and Integration

This is an exciting and challenging time to position oneself to be indispensable in an ever changing world of mandated services that come with limited funding and innovative non-mandated services that compete and struggle for funding. I strongly believe that psychologists who are competent and can demonstrate their competence so they are valued locally, who are flexible and good collaborators, who continue to add to their competence, and who can demonstrate positive outcomes and cost effectiveness will be indispensable in either mandated service delivery models or new and emerging service delivery models—as indispensable as any of us can hope to be.

Figure 1

**Psychologists in the Schools**
**Routes to Becoming Indispensable**


Need Demonstrated
Competence Obtained
Role/Function Mandated by Statute
Funding Appropriated
Job Secured
Role/Functions Not Mandated, but Sought
Funding Innovatively Obtained
Job Secured by Successful Marketing and Competiveness
Competence Demonstrated and Valued
Flexibility and Collaborativeness Demonstrated
Expanded Competence Sought
Evolution of Mandated Service Delivery Model
Evolution of Services
Evolution of Recipients' Services
Demonstrated Outcome: Educational Attainment
Innovative Service Delivery Models Implemented
Expanded Services and Service Integration
Expanded Recipients of Services
Demonstrated Outcome: Educational Attainment, Health, Mental Health
Demonstrated Cost Effectiveness